



IMAGING COVER SHEET

NAIC #: MEWA3

NAIC Group Code: 000

Company Name: COOPERATIVE GROUP BENEFITS PLAN

Company Type: P&C Life HIC Frat Title MEWA HW MPA
 DOMESTIC FOREIGN

Form Type: STATEMENTS

Sub-form Type: QUARTERLY

Transaction # (if applicable): _____

Effective Date: _____

Additional Info: SECOND QUARTER, PERIOD ENDING JUNE 30, 2002

Date Scanned: _____

Scanned By (initials): _____

QUARTERLY STATEMENT

As of June 30, 2002

OF THE CONDITION AND AFFAIRS OF THE

Cooperative Group Benefits Plan

established under the Laws of the State of OHIO, made to the

INSURANCE DEPARTMENT OF THE STATE OF

PURSUANT TO THE LAWS THEREOF

Established January 1, 1993 Commenced Business January 1, 1993

Statutory Home Office 4789 Rings Rd. Dublin, OH 43017-1599
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 40 Employee Benefit Management Corp. 4789 Rings Rd.
(Street and Number)

Dublin, OH 43017-1599 (614) 766-5800
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 4789 Rings Rd. Dublin, OH 43017-1599
(Street and Number or P.O. Box) (City, or Town, State and Zip Code)

Primary Location of Books and Records 4789 Rings Rd.
(Street and Number)

Dublin, OH 43017-1599 (614) 766-5800
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Quarterly Statement Contact Person and Phone Number (include extension) Dan Brown (614) 766-5800 Ext. 595

OFFICERS

Chairperson Marlin Larson

Secretary Roger Nicol

Treasurer Roger Nicol

Vice-Presidents _____

TRUSTEES

Marlin Larson _____
Roger Nicol _____
Jeff Troike _____
Jim Elliott _____
Larry Hammond _____
Bill Rohrbaugh _____

State of Ohio

County of Franklin SS

Chairperson Roger Nicol Secretary Roger Nicol Treasurer _____

of the Cooperative Group Benefits Plan being duly sworn, each deposes and says that they are the above described officers of the trust carrying on the business of a MEWA, and that on the quarter ending June 30, 2002 all of the herein described assets were the absolute property of the MEWA, free and clear from any liens or claims thereon, except as herein stated, and that this quarterly statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the MEWA as of the quarter ending June 30, 2002 and of its income and deductions therefrom for the calendar period ended on that date, and have been completed in accordance with the quarterly statement instructions and accounting practices and procedures prescribed by the Ohio Department of Insurance, according to the best of their information, knowledge and belief, respectively

Chairperson

Roger C. Nicol
Secretary

Roger C. Nicol
Treasurer

(a) Is this an original filing?

Yes No

(b) If no

(i) state the amendment number

(ii) date filed

(iii) number of pages attached

Subscribed and sworn to before me this

5 day of August, 2002

Donna L. Borczyk
NOTARY PUBLIC (Seal)

ASSETS		1	
		Current Period	December 31, 2001
1	Bonds	339,435	348,614
2	Stocks.....		
2.1	Preferred Stocks		
2.2	Common Stocks	3,113,427	1,853,633
3	Mortgage loans on real estate		
4	Real estate, less \$ encumbrances		
5	Collateral loans		
6.1	Cash on hand and on deposit	(417,133)	(470,224)
6.2	Short-term investments	396,773	957,472
7	Aggregate write-ins for invested assets		
7A	Subtotals, cash and invested assets (Lines 1 to 7)	3,437,002	2,689,495
8	Premium due and unpaid	153,157	47,347
9	Funds held by or deposited with reinsurance companies		
10	Reinsurance recoverables on loss and loss adjustment payments		54,686
10.1	Reinsurance recoverable on unpaid losses		
11	Federal income tax recoverable.....		
12	Interest and other investment income due and accrued	1,824	14,894
13	Receivable from parent, subsidiaries and affiliates		
14	Electronic data processing equipment.....		
15	Aggregate write-ins for other than invested assets		
16	TOTALS (Lines 7A through 15)	3,591,983	2,806,472
DETAILS OF WRITE-INS AGGREGATED AT LINE 7 FOR INVESTED ASSETS			
0701	.....	
0702	.....	
0703	.....	
0704	.....	
0705	.....	
0798	Summary of remaining write-ins for Line 7 from overflow page		
0799	Totals (Lines 0701 through 0705 plus 0798)(Page 2, Line 7)		
DETAILS OF WRITE-INS AGGREGATED AT LINE 15 FOR OTHER THAN INVESTED ASSETS			
1501	.....	
1502	.....	
1503	.....	
1504	.....	
1505	.....	
1598	Summary of remaining write-ins for Line 15 from overflow page		
1599	Totals (Lines 1501 through 1505 plus 1598)(Page 2, Line 15)		

NOTE: The lines on this page to agree with Exhibit 1, Column 4.

LIABILITIES, SURPLUS AND SPECIAL FUNDS	1 Current Period	2 December 31, 2001
1. Claims unpaid (Part 2A, Col. 4, Line 5)	2,004,000	2,004,000
2. Unpaid claims adjustment expenses (Part 3, Line 22b, Col. 2)	139,000	139,000
3. Unearned premiums (Part 1, Line 5, Col. 8)		
4. Unearned investment income (Part 4, Line 9, Col. 4)		
5 (a) Taxes, licenses and fees due or accrued (excluding Federal income taxes)		
(b) Federal income taxes (Including \$ _____ net deferred tax liabilities)		
(c) Stop loss, excess, or reinsurance premium due and unpaid		
(d) Other expenses due or accrued		
6. Premium deposits made by applicants rejected or not as yet accepted as members or subscribers		
7. Borrowed money \$ _____ and interest thereon \$ _____		
8. Amounts withheld or retained for account of others		
9. Stop loss, excess, or reinsurance received but not yet due		
10. Provision for unauthorized reinsurance		
11. Aggregate write-ins for other liabilities	0	34,922
12. Total liabilities (Lines 1 to 11)	2,143,000	2,177,922
SURPLUS AND SPECIAL FUNDS		
13. Surplus	1,448,983	628,500
14. Aggregate write-ins for surplus and special funds		
15. Total (Line 13 plus Line 14; Page 4, Line 21)	1,448,983	628,500
16. TOTALS (Lines 12 plus 15)	3,591,983	2,806,422
DETAILS OF WRITE-INS AGGREGATED AT LINE 11 FOR OTHER LIABILITIES		
1101. <u>Accounts Payable</u>	0	34,922
1102.		
1103.		
1104.		
1105.		
1198. Summary of remaining write-ins for Line 11 from overflow page		
1199. Totals (Lines 1101 through 1105 plus 1198)(Page 3, Line 11)		
DETAILS OF WRITE-INS AGGREGATED AT LINE 14 FOR SURPLUS AND SPECIAL FUNDS		
1401.		
1402.		
1403.		
1404.		
1405.		
1498. Summary of remaining write-ins for Line 14 from overflow page		
1499. Totals (Lines 1401 through 1405 plus 1498)(Page 3, Line 14)		

UNDERWRITING AND INVESTMENT EXHIBIT	1 Current Year To Date	2 Prior Year Ended December 31
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 5, Col. 9)	7,084,031	12,556,173
2. Claims incurred (Part 2, Line 5, Col. 5)	5,737,683	10,953,876
3. Expenses incurred (Part 3, Line 21, Col. 2, 3, 4):		
(a) Claim adjustment	319,644	708,671
(b) Administrative	69,168	167,460
(c) Soliciting		
4. Individual stop loss, excess, or reinsurance expense (Net of incurred Recoveries)	158,576	352,877
5. Aggregate stop loss, excess, or reinsurance expense (Net of incurred Recoveries)	43,500	31,500
5A Aggregate write-ins for underwriting deductions		
6. Total underwriting deductions (Lines 2 through 5)	6,328,571	12,209,334
7. Net underwriting gain or (loss)(Line 1 minus Line 6)	755,460	346,839
INVESTMENT INCOME		
8. Net investment income earned (Part 4, Line 14, Col. 8).....	30,029	97,478
9. Net realized capital gains or (losses) (Part 4A, Line 10, Col. 6)	34,994	76,465
10. Net investment gain or (loss) (Line 8 plus Line 9)	65,023	173,943
OTHER INCOME		
11. Aggregate write-ins for other income		
12. Net gain or (loss) before federal income taxes (Lines 7 + 10 +11)	820,483	470,782
13. Federal income taxes incurred		
14. Net gain or (loss) (to Line 16) (Line 12 minus Line 13)	820,483	470,782
SURPLUS AND SPECIAL FUNDS		
15. Surplus and special funds December 31, previous year (Page 4, Line 21, Col. 2)	678,500	195,278
GAINS AND (LOSSES)		
16. Net gain or (loss) (from Line 14)	820,483	470,782
17. Net unrealized capital gains or (losses) (Part 4A, Line 11, Col. 6)		(37,560)
18. Change in non-admitted assets (Exhibit 2, Line 9, Col. 3)		
19. Aggregate write-ins for changes to surplus and special funds		
20. Change in surplus and special funds for the year (Lines 16 through 19)	820,483	433,222
21. Surplus and special funds December 31, current year (Line 15 plus Line 20)	1,448,983	678,500
DETAILS OF WRITE-INS AGGREGATED AT LINE 11 FOR OTHER INCOME		
1101		
1102		
1103		
1104		
1198 Summary of remaining write-ins for Line 11 from overflow page		
1199 Totals (Lines 1101 through 1105 plus 1198) (Page 4, Line 11)		
DETAILS OF WRITE-INS AGGREGATED AT LINE 19 FOR CHANGES TO RESERVES AND SPECIAL FUNDS		
1901		
1902		
1903		
1904		
1998 Summary of remaining write-ins for Line 19 from overflow page		
1999 Totals (Line 1901 through 1905 plus 1998) (Page 4, Line 19)		

June 30, 2007

Cooperative Group Benefits Plan

UNDERWRITING AND INVESTMENT EXHIBIT
PART I

Line of Business*	1 Premiums Written Direct Business	2 Premiums Written Reinsurance Assumed	3 Total Premiums Written (Cols. 1+2)	4 Earned Premiums December 31 Previous Year	5 Earned Premiums December 31 Current Year (Part I A)	6 Reserve for Rate Credits and Ratio-specific Returns Based on Experience	7 Total Reserve for Earned Premiums (Cols. 5+6)	8 Premiums Earned (Cols. 3+4-7)	9 Reinsurance Premiums Ceded
1 Hospital									
2 Medical									
3 Dental									
4 Other									
5 Totals	7,084,031	0	7,084,031	0	0	0	0	7,084,031	

Informational Only

PART I A—UNEARNED PREMIUMS

Premium Mode	1 Premiums in Force December 31 Current Year	2 Amount of Premiums or Fees Unearned
1 Quarterly premiums		
2 Monthly premiums	1,155,087	
3 Advanced premiums	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
4 Totals		

* If you are unable to break out hospital and medical premiums, please put the combined total and a notation that the amount applies to both lines of business.

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2-CLAIMS PAID AND INCURRED**

1 Line of Business	2 Claims Paid	3 Claims Unpaid Current Year (Col. 4, Part 2A)	4 Claims Unpaid Previous Year	5 Claims Incurred (Cols 2+3+4)
1. Hospital _____				
2. Medical _____				
3. Dental _____				
4. Other _____				
5. Totals	<i>5,737,683</i>	<i>2,004,000</i>	<i>2,004,000</i>	<i>5,737,683</i>

PART 2 A-CLAIMS UNPAID

1 Line of Business	2 Reported Claims in Process of Adjustment	3 Estimated Incurred But Unreported	4 Total Claims Unpaid
1. Hospital			
2. Medical			
3. Dental			
4. Other			
5. Totals	<i>567,000</i>	<i>1,437,000</i>	<i>2,004,000</i>

PART 2B-ANALYSIS OF CLAIMS UNPAID-PREVIOUS YEAR

1 Line of Business	Claims Paid Year to Date		Claims Unpaid as of Current Period		6 Total Claims Incurred to date on Claims Incurred in Prior Years (Columns 2 + 4)	7 Reported Liability on Unpaid Claims as of December 31 Previous Year
	2 On Claims Incurred Prior to January 1 of Current Year	3 On Claims Incurred During the Year	4 On Claims Unpaid Dec. 31 of Previous Year	5 On Claims Incurred During the Year		
1. Hospital						
2. Medical						
3. Dental						
4. Other						
5. Totals	<i>1,710,471</i>	<i>4,077,212</i>	<i>293,529</i>	<i>1,710,471</i>	<i>2,004,000</i>	<i>2,004,000</i>

* Part 2B, Column 4 and column 5 must equal Part 2A Total of column 4

**UNDERWRITING AND INVESTMENT EXHIBIT
PART I-INTEREST, DIVIDENDS AND REAL ESTATE INCOME**

1	2 Schedule	3 Collected During Year Less For Other Accounting Purposes	4 Received on Advance		5 Due and Accrued		6 Net Investment Income (Loss)	
			7 Current Year	8 Previous Year	9 Current Year	10 Previous Year		
1. Tax exempt Bonds	DS*	9,599			761	6,786	4,074	
2. Other Tax Exempt Bonds	DS*							
3. Bonds of all other	DS*							
4. Preferred stocks of all other	D						18,064	
5. Preferred stocks of all other	D	18,064						
6. Common stocks of all other	D							
7. Common stocks of all other	D							
8. Mortgage loans	RE							
9. Real estate	AS							
10. Call in of loans	E							
11. Cash on hand and on deposit	F	19,758						
12. Short term investments	DA**				1,063	8,608	12,213	
13. Financial options and futures								
14. Amortization on tax for investment income			0	0	1,824	14,894	34,351	
15. DETAILS								
TOTAL								
16. Total investment expenses incurred (Part 3, Line 21, Col. 5)								
17. Depreciation on real estate								
18. Amortization on tax for other deductions							4,322	
19. Total Deductions								
20. Net Investment Income (Form 1099-Div or Form 1099-INT) (Page 1, Line 8)							30,029	

* Includes \$ amount of discount less \$ amortization of premium ** Includes \$ amount of discount less \$ amortization of premium
 † Includes \$ amount of discount less \$ amortization of premium ‡ Includes \$ for corporation's securities of excess of stock
 § Admitted states only - State laws of exclusions for corporations or company of a common bond

DETAILS OF WRITE-INS AGGREGATED AT LINE 8 FOR INVESTMENT INCOME

1	2	3	4	5	6	7	8
0801							
0802							
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0900							

DETAILS OF WRITE-INS AGGREGATED AT LINE 12 FOR INVESTMENT INCOME

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EXHIBIT 1-ANALYSIS OF ASSETS

	1 Ledger Assets	2 Non-Ledger Including Excess of Market (or Amortized) Over Book Values	3 Assets Not Admitted Including Excess of Book Over Market (or Amortized Values)	4 Net Admitted Assets (Col. 1 + 2 - 3)
1 Bonds (Schedule D)	340,197		762	339,435
2 Stocks (Schedule D)				
2.1 Preferred stocks				
2.2 Common stocks	3,113,477			3,113,477
3 Mortgage loans on real estate (Schedule B)				
(a) First liens				
(b) Other than first liens				
4 Real estate, less encumbrances (Schedule A)				
5 Collateral loans (Schedule C)				
6.1 Cash on hand and on deposit				
(a) Cash in company's office				
(b) Cash on deposit (Schedule E)	(412,133)			(412,133)
6.2 Short-term investments (Schedule DA)	396,773			396,773
7 Aggregate write-ins for invested assets				
7A Subtotal, cash and invested assets	3,437,744			3,437,002
8 Premium due and unpaid	153,157			153,157
9 Funds held by or deposited with reinsurance companies				
10 Reinsurance recoverables on loss and loss adjustment payments (Schedule S, Col. 1)				
10A Reinsurance recoverable on unpaid losses				
11 Federal income tax recoverable				
12 Interest and other investment income due and accrued	1,824			1,824
13 Receivables from parent subsidiaries and affiliates				
14 Electronic data processing equipment				XXX
15 Equipment, furniture and supplies				XXX
16 Third party reimbursements receivable				XXX
17 Assessments and penalties due and unpaid				XXX
18 Prepaid expenses				XXX
19 Loans on personal security, endorsed or not				
20 Aggregate write-ins for other than invested assets				
21 Totals (Lines 1 through 20)	3,592,745			3,591,983
DETAILS OF WRITE-INS AGGREGATED AT LINE 7 FOR INVESTED ASSETS				
0701				
0702				
0703				
0704				
0705				
0798 Summary of remaining write-ins for Line 7 from overflow page				
0799 Totals (Lines 0701 through 0705 plus 0798)(Exhibit 1, Line 7)				
DETAILS OF WRITE-INS AGGREGATED AT LINE 20 FOR OTHER THAN INVESTED ASSETS				
2001				
2002				
2003				
2004				
2005				
2098 Summary of remaining write-ins for Line 20 from overflow page				
2099 Totals (Lines 2001 through 2005 plus 2098)(Exhibit 1, Line 20)				

EXHIBIT 2-ANALYSIS OF NON-ADMITTED ASSETS

Excluding Excess of Book Over Market (or Amortized) Values and Exhibit 1, Line 12, Column 3

	1 End of Previous Year	2 End of Current Period	3 Change for Year (Increase) or Decrease (Column 1 minus Column 2)
1. Uncollected premiums			
2. Deposits in suspended depositories, less estimated amount recoverable			
3. Equipment, furniture and supplies			
4. Loans on personal security, endorsed or not			
5. Third Party reimbursements receivable			
6. Assessments and penalties due and unpaid			
7. Prepaid expenses			
8. Aggregate write-ins for assets not admitted			
9. Total change (Column 3)(Carry to Page 4, Line 18)	XXX	XXX	
DETAILS OF WRITE-INS AGGREGATED AT LINE 8 FOR ASSETS NOT ADMITTED			
0801			
0802			
0803			
0804			
0805			
0898 Summary of remaining write-ins for Line 8 from overflow page			
0899 Totals (Lines 0801 through 0805 plus 0898) (Exhibit 2, Line 8)			

GENERAL INTERROGATORIES

1. (a) Where any of the stocks, bonds or other assets of the MEWA loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes | | No |
- (b) If "yes", please give full and complete information relating thereto.
.....
.....
2. (a) Have any changes been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the MEWA? Yes | | No |
- (b) If "Yes", date of change: _____
If not previously filed, furnish herewith a certified copy of the instrument as amended.
3. Have there been any substantial changes in the organizational chart, managers, officers or Trustees since year end? Yes | | No |
If "yes", attach an explanation.
4. (a) If the MEWA is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved since the last filed statement? Yes | | No |
- (b) If "yes", attach an explanation.
5. (a) Have any of the MEWA's primary reinsurance contracts been canceled since the last filed statement? Yes | | No |
- (b) if "yes", give full and complete information thereto.
.....
.....
6. (a) What is the number of employer groups as of the current period? 51
- (b) What is the number of enrollees as of the current period? 7,763

OVERFLOW PAGE FOR WRITE-INS
